

CITY OF MANCHESTER

Fire Department

100 Merrimack Street Manchester, NH 03101-1350 Telephone: (603) 669-2256 FAX (603) 665-6802 www.ManchesterNH.Gov

APPLICATION FOR INSTALLATION OF FIRE SUPPRESSION / CLEAN AGENT SYSTEMS

Project Address:			ire Department use only)
Project Name and/or Building #:			
Owner's Name:			Date Received
Address:			Date Received
			Application #
Phone #:			
		I	Date Reviewed
Installer's Address:			
Installer's Phone #:			Date Approved
Designer's Name:			
Designer's Address		Ch	eck Received and Check #
Designer's Phone # :			
Fire Alarm Permit #			l Permit #
			y:
Manufacturer of Equipment:			Clean Agent
Type of Detection / Activation:	Wet Chemical		Clean Agent
			ac:
Number of Appliances Covered:	Number of Nozzles: Number of Links and Temp:		
	Air Handling Shut Down:		
Sprinkler System Modifications: _ Type of Connection to MFD Headquarters: _			
Type of connection to IVII D Headquarters.			
Provide the Following With Application:			
	Floor Plans		
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Equipment must be installed in accordance with applicable igent systems and manufacturer installation instructions. If ire suppression / clean agent system.			
Application is hereby made for approval for the installation	n of sprinkler system.		
Date:			

NOTE: Upon receipt of application, properly executed, applicant will be advised as to the submittal of additional information and data required, such as detailed description, drawings, photographs, or laboratory test reports.